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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000002	CITY OR TOWN EAST BROOKFIELD				
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013				
CLASS	YEAR				
LICENSEE NAME: LASHAWAY INN INC. DOING BUSINESS A ADDRESS 308 E. MAIN STREET					
	44 ZID CODE. 01515				
	MA ZIP CODE: 01515				
MANAGER: MEROLA, TYPE OF LICENSE MARION A.	:Innholder CATEGORY: All Alcohol				
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES:					
ONE STORY BLDG; THREE ROOMS ON FIRST FLOC STOCK ROOM, TWO FRONT ENTRANCES, ONE SID SEPARATE EXITS					
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be of the same type for	the same premises now licensed;				
2. the licensee has complied with all laws of the C	commonwealth relating to taxes; and				
3. the premises are now open for business (If not example)	explain below)				
SIGNED BY Individual, Partner or Authorized C	orporate Officer				
DATE: TELEPHONE NUMBER.	EMPLOYED IDENTIFICATION AND DEP				
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below:	LOCAL LICENSING AUTHORITY				
APPROVED:	By:				
DISAPPROVED:					
(If disapproved explain)					
					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 0	31000003		CITY OR TOWN	EAST BRC	OKFIELD
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: J DOING BUSINESS A ADDRESS 193 NO. BE	BAY PATH GOLF (COURSE			
CITY/TOWN: EAST 1		STATE: MA	ZIP CODE:	01515	
MANAGER:		OF LICENSE: Res			All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC LEFT SIDE OF NORT ONE CLUB ROOM, PI STORAGE, TWO ENT	H BROOKFIELD RE RO-SHOP, RATIO, C	: D. ONE STORY B DNE FLOOR BAL	LDG., MAIN FLO		
3. the premises SIGNED BY	has complied with all are now open for bus	siness (If not expla	in below)	o taxes; and	
DATE: We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspec	possession (1) the	(Note: NOT Ince certificate require of the fire depart	dividual Social S ed by Chapto ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	,		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NU	MBER: 031000011		CITY OR TOWN EAST	DKOOKFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N.	AME: DUNNY'S TAVE	RN LLC		
DOING BUSI	NESS A			
ADDRESS 29	1 E. MAIN STREET			
CITY/TOWN:	EAST BROOKFIELD	STATE: MA	ZIP CODE: 0151	5
MANAGER:	DUNLOP, TY GERALD A.	PE OF LICENSE: Ge	neral on CATEGO emise	RY: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR W N OF LICENSED PREMI	VEBSITE AND ENTER YOUR E ISES:	MAIL ADDRESS	
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed	d;
2. the	licensee has complied with	h all laws of the Com	monwealth relating to taxes;	and
3. the	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the building in	spector and the hea	e certificate required by C d of the fire department for urance required by Chapte	r the above
Please Check Belo	ow:		LOCAL LICENSING AU	UTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	і ехріані)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUMBER: ()31000013		CITY OR TOWN	EAST BRO	OOKFIELD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (DOING BUSINESS A		IDE CAFE, INC			
ADDRESS 245 WEST	MAIN ST				
CITY/TOWN: EAST	BROOKFIELD	STATE: MA	ZIP CODE:	01515	
MANAGER: CONN M.	ER, SCOTT TYPI	E OF LICENSE: Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-				
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
SINGLE STORY, OAI INTERIOR IS OPEN V			, 36X48 WITH FUI	LL BASEME	NT.
3. the premises	has complied with a sare now open for b	ousiness (If not expl	ain below)	to taxes; and	
DATE:	TELEPHONE	E NUMBER:			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed k named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	031000015		CITY OR TOWN	EAST BROOKFIELD	D
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	BKK HOUSE,INC.				
DOING BUSINESS A	THAI HOUSE REST	AURANT			
ADDRESS 355 EAST	MAIN STREET				
CITY/TOWN: EAST	BROOKFIELD	STATE: MA	ZIP CODE:	01515	
MANAGER: KEMP LOUIS	'	OF LICENSE: Re	staurant CA	ATEGORY: All Alco	hol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
ENTRANCES,BULKI	ST MAIN STREET,IN HEAD,BAR ROOM AI T LICENSED, STORA	ND KITCHEN F	TRST FLOOR,CELI		
I hereby certify and sw	ear under penalties of p	perjury that:			
1. the renewed	l license will be of the s	same type for the	same premises now	licensed;	
2. the licensee	has complied with all l	laws of the Com	nonwealth relating to	taxes; and	
3. the premise	s are now open for busi	ness (If not expl	ain below)		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMB	
			(Note: NOT Ind	ividual Social Security Num	ıber)
Acts of 2004, signed l	attest that we are in p by the building inspec) the certificate of liqu	tor and the hea	d of the fire departı	nent for the above	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:	_				
(If disapproved explain	1)				-
					=
					-
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	ER: 031000016		CITY OR	TOWN	EAST BRO	OKFIELD
APPLICATION F	OR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
	E: BAYPATH LAN					
DOING BUSINES	SS A BOGEY LANE	LS				
ADDRESS 199 NO	ORTH BROOKFIEL	D ROAD				
CITY/TOWN: EA	AST BROOKFIELD	STATE: MA	A ZIP C	ODE:	01515	
MANAGER: LU	KSHA, DAN T	YPE OF LICENSE:	General on premise	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS			-
	F LICENSED PREM					
	ILDING, MAIN FLO ROOM AREAONI			ROOM,	BOWLING A	AREA,
I hereby certify and	d swear under penalti	es of perjury that:				
	ewed license will be o	• •	-			
	nsee has complied wi			elating t	o taxes; and	
3. the prei	mises are now open for	or business (If not ex	(plain below)			
SIGNED BY	Individual Partn	ner or Authorized Co	rnorata Offica	,		
	marviduai, r arui	er of Authorized Co.	iporate Office.	I		
DATE:	TEL EDILO		E	MDI OVEI	DENTIFICAT	ION NUMBER:
DITTE.	TELEPHO	NE NUMBER:				ecurity Number)
Acts of 2004, signamed license an	ned, attest that we a ned by the building i d (2) the certificate	inspector and the h	ead of the fire	e depart	ment for the	above
of 2010.						
Please Check Below: APPROVED:	7			LICENS	SING AUTHO	ORITY
DISAPPROVED:	_		By:			
(If disapproved exp	plain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000017		CITY OR TOWN	EAST BROOKFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: DEPOT SQUARE DELI &	PACKAGE S	STORE LLC		
DOING BUSINESS A				
ADDRESS 104 PLEASANT STREET				
CITY/TOWN: EAST BROOKFIELD STA	TE: MA	ZIP CODE:	01515	
MANAGER: MITCHELL, PAUL TYPE OF LI	CENSE: Pacl	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
PREMISES IS LOCATED ON THE FIRST FLOC ENTRANCES AND TWO EXITS. FRONT OF PI STORE IS STORAGE AREA. APPROX. SQ.FT.	REMISE SIS	RETAIL SELLING		
I hereby certify and swear under penalties of perjui				
1. the renewed license will be of the same	-	same premises now	licensed;	
2. the licensee has complied with all laws		=		
3. the premises are now open for business	(If not explain	in below)		
SIGNED BY		0.00		
Individual, Partner or Autho	orized Corpoi	rate Officer		
DATE.				
DATE: TELEPHONE NUME	3ER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
		(Traum Books Books Trainer,	
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)